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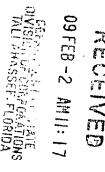
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FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SHIELDS ELECTRIC LLC (Name of Limited Liability Company)	-
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROY R. SHIELDS (Name of Person)	_
SHIELDS ELECTRIC LLC (Firm/Company)	-
2691 HARTS FIEZO RTS (Address)	- TAS
TALLAHASSEE, FLORIDA 32303 (City/State and Zip Code)	09 FEB -
For further information concerning this matter, please call:	SEE FL
Roy R. SHIEDS at (BSV) 570-2895 (Name of Person) (Area Code & Daytime Telephone Num	
5 *	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	iling Fee, ate of Status & ad Copy anal copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	pany as it now appears on our records.) d Liability Company)	
(A Florida Limited	d Liability Company)	
The Articles of Organization for this Limited Liability Compan	any were filed on VANUARY 27, 2009 and assigned	
Florida document number <u>L040000 6571</u> .		
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
,		
The new name must be distinguishable and end with the words "Lin	imited Liability Company "the designation "I I C" or the abbreviat	ion
"L.L.C."	TE 36	
	L A	
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		_
	<u> </u>	-
Enter new mailing address, if applicable:	- Sign 3	-
(Mailing address MAY BE A POST OFFICE BOX)	>	_
,		_
B. If amending the registered agent and/or registered of	office address on our records, enter the name of the n	ew
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
Autho of Now Registered rigon.		
New Registered Office Address:		_
	(Enter Florida street address)	
	. Florida	
	(City) (Zip Code)	-

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

. . .

MGR = Manager

MGRM = Managing Member Type of Action **Address Title** <u>Name</u> MGKM JOSHUA D. SHIELDS Remove ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of member or authorized representative of a member R. SHIELDS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00